

Department of Behavioral and Developmental Services

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are required by Federal Law to give you this notice and to prove that you received it.

You may use your mark or a stamp if you are unable to sign this form.

I, _____, have been given a copy of the
Printed or Typed Name of Person Receiving Notice

BDS Privacy Notice.

Signature of Patient/legal representative

Date

I gave _____ a copy of this Privacy Notice on
Patient/legal representative

_____ but he/she declined to sign for it.
Date

Employee /Witness Signature

Date

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